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## POSZ LAW GROUP, PLC

JUN 13 2008

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FACSIMILE TRANSMISSION

Date: June 13, 2008

Pages: 17 (including cover)

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To: United States Patent Office  
Attention: Examiner WOZNIAK (Art Unit 2626)

From: James M. Alpert

RE: RCE

Applicants: SASAKI et al.	Atty. Dkt.: 11-168-RCE
Serial No.: 10/608,002	Group Art Unit: 2626
Filed: 6/30/2003	Examiner: James S. WOZNIAK
Title: VOICE INTERACTIVE COMPUTER SYSTEM	

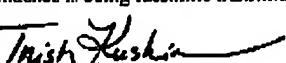
The following documents are being submitted herewith:

- Transmittal form (1 page)
- Fee Transmittal form including authorization of fees of \$1,860 to be charged to Deposit Account No. 50-1147 (1 page)
- Petition for Three-Month Extension of Time (1 page)
- Request for Continued Examination (RCE) Transmittal (1 page)
- Amendment (12 pages)

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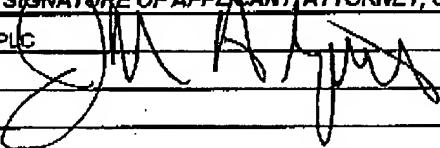
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JUN 13 2008

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/608,002
		Filing Date	6/30/2003
		First Named Inventor	SASAKI et al.
		Art Unit	2626
		Examiner Name	James S. WOZNIAK
Total Number of Pages in This Submission	16	Attorney Docket Number	11-168-RCE

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)	
		Remarks	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Posz Law Group, PLC
Signature	
Printed name	James M. Alpert
Date	June 13, 2008
	Reg. No. 59,926

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## FEE TRANSMITTAL

		Application Number	10/808,002
		Filing Date	6/30/2003
		First Named Inventor	SASAKI et al.
		Examiner Name	James S. WOZNIAK
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	2626
TOTAL AMOUNT OF PAYMENT (\$ 1860)		Attorney Docket No.	11-168-RCE

## METHOD OF PAYMENT (check all that apply)

Check  None  Other (please identify):

Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	\$
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)

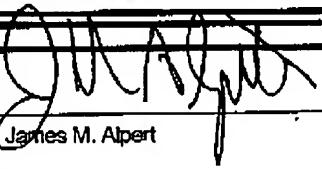
## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other Request for Continued Examination (\$810) & 3-Month Extension of Time (\$1050) Fees

\$1860

## SUBMITTED BY

Signature		Registration No. 59,826 (Attorney/Agent)	Telephone (703) 707-9110
Name (Print/Type)	James M. Alpert	Date	June 13, 2008

## CERTIFICATE OF FACSIMILE TRANSMISSION

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